

100 AHCCCS CONTRACTOR OPERATIONS MANUAL OVERVIEW

EFFECTIVE DATES: 07/01/05, 10/01/12, 11/01/14, 10/01/15, 07/01/16, 03/15/17, 10/01/18

REVISION DATES: 10/25/06, 06/01/11, 09/12/12, 10/02/14, 12/29/14, 08/24/15, 01/05/17,
06/27/18

I. PURPOSE

The AHCCCS Contractor Operations Manual (ACOM) applies to AHCCCS Complete Care (ACC), Arizona Long Term Care System Elderly/Physical Disability Program (ALTCS E/PD), Arizona Department Child Safety/Comprehensive Medical and Dental Program (DCS/CMDP), Arizona Department of Economic Security/Division of Developmental Disabilities (ADES/DDD), and Regional Behavioral Health Authorities (RBHA) Contractors as indicated in each Policy. The ACOM also applies to Subcontractors with delegated responsibilities under a contract. The purpose of the ACOM is to delineate Arizona Health Care Cost Containment System's (AHCCCS) Administrative, Claims, Financial, and Operational Policies and Contractor responsibilities for service delivery. ACOM Policies are incorporated by reference in the Contract.

The ACOM Manual Overview includes the principles of service delivery, an outline of the Manual layout, and processes for policy development.

II. DEFINITIONS

1115 WAIVER

Refers to section 1115 of the Social Security Act (SSA). States must comply with Title XIX (Medicaid) and Title XXI (Children's Health Insurance Program) of the SSA. AHCCCS has been providing Medicaid since October 1, 1982 making AHCCCS exempt from specific provisions of the SSA, pursuant to an 1115 Research and Demonstration Waiver.

ADMINISTRATIVE SERVICES SUBCONTRACTS

An agreement that delegates any of the requirements of the contract with AHCCCS, including, but not limited to the following:

- a. Claims processing, including pharmacy claims,
- b. Credentialing, including those for only primary source verification (i.e. Credential Verification Organization),
- c. Management Service Agreements,
- d. Service Level Agreements with any Division or Subsidiary of a corporate parent owner,
- e. DDD acute care subcontractors.

Providers are not Administrative Services Subcontractors.

**AHCCCS COMPLETE
CARE (ACC)
CONTRACTOR**

A contracted Managed Care Organization (also known as a health plan) that, except in limited circumstances, is responsible for the provision of both physical and behavioral health services to eligible Title XIX/XXI persons enrolled by the administration.

**AHCCCS CONTRACTOR
OPERATIONS MANUAL
(ACOM)**

The ACOM provides information related to AHCCCS Contractor operations and is available on the AHCCCS website at www.azahcccs.gov.

**AHCCCS MEDICAL
POLICY MANUAL
(AMPM)**

The AMPM provides information regarding covered health care services and is available on the AHCCCS website at www.azahcccs.gov.

**AHCCCS POLICY
COMMITTEE (APC)**

A committee comprised of Agency Management and subject matter experts within AHCCCS and stakeholder representatives that review and approve new and revised Policies.

**AHCCCS REGISTERED
PROVIDER**

A contracted provider or non-contracting provider who enters into a provider agreement with AHCCCS and meets licensing or certification requirements to provide AHCCCS-covered services.

AHCCCS STATE PLAN

A comprehensive written contract between AHCCCS and the Centers for Medicare and Medicaid Services (CMS) that describes the nature and scope of its Medicaid program. Arizona has a State Plan for Medicaid and a State Plan for the Children's Health Insurance Program (KidsCare).

**AMERICANS WITH
DISABILITIES ACT (ADA)**

The ADA prohibits discrimination on the basis of disability and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, transportation, and telecommunications. Refer to the Americans with Disabilities Act of 1990, as amended, in 42 U.S.C. 126 and 47 U.S.C. 5.

**ARIZONA
ADMINISTRATIVE CODE
(A.A.C.)**

State regulations established pursuant to relevant statutes. Referred to in Contract as "Rules." AHCCCS Rules are State regulations which have been promulgated by the AHCCCS Administration and published by the Arizona Secretary of State.

**ARIZONA DEPARTMENT
OF CHILD SAFETY (DCS)**

The department established pursuant to A.R.S. §8-451 to protect children and to perform the following:

1. Investigate reports of abuse and neglect.
2. Assess, promote, and support the safety of a child in a safe and stable family or other appropriate placement in response to allegations of abuse or neglect.
3. Work cooperatively with law enforcement regarding reports that include criminal conduct allegations.
4. Without compromising child safety, coordinate services to achieve and maintain permanency on behalf of the child, strengthen the family and provide prevention, intervention and treatment services pursuant to this chapter.

**ARIZONA DEPARTMENT
OF ECONOMIC
SECURITY/DIVISION OF
DEVELOPMENTAL
DISABILITIES
(ADES/DDD)**

The Division of a State agency, as defined in A.R.S. Title 36, Chapter 5.1, which is responsible for serving eligible Arizona residents with a developmental/intellectual disability. AHCCCS contracts with DES/DDD to serve Medicaid eligible individuals with a developmental/intellectual disability.

**ARIZONA HEALTH CARE
COST CONTAINMENT
SYSTEM (AHCCCS)**

Arizona's Medicaid Program, approved by the Centers for Medicare and Medicaid Services as a Section 1115 Waiver Demonstration Program and described in A.R.S. Title 36, Chapter 29.

**ARIZONA LONG TERM
CARE SYSTEM (ALTCS)**

An AHCCCS program which delivers long-term, acute, behavioral health care and case management services, as authorized by A.R.S. §36-2931 et seq., to eligible members who are either elderly and/or have physical disabilities, and to members with developmental disabilities, through contractual agreements and other arrangements.

**ARIZONA REVISED
STATUTES (A.R.S.)**

The Laws of the State of Arizona.

**CENTERS FOR DISEASE
CONTROL AND
PREVENTION (CDC)**

A federal agency under the Department of Health and Human Services, based in Atlanta, Georgia, that provides information and tools to promote health, prevent disease, injury and disability and prepare for new health threats.

**CENTERS FOR MEDICARE
AND MEDICAID SERVICES
(CMS)**

An organization within the United States Department of Health and Human Services which administers the Medicare and Medicaid programs and the State Children's Health Insurance Program.

**CLAIMS DASHBOARD
GUIDE**

A guide designed to assist the Contractor in submitting a monthly report to address claim requirements, including billing rules and documentation requirements, and submit a report to AHCCCS that will include the rationale for specific requirements.

**CODE OF FEDERAL
REGULATIONS (CFR)**

The general and permanent rules published in the Federal Register by the departments and agencies of the Federal Government.

**COMPREHENSIVE
MEDICAL AND DENTAL
PLAN (CMDP)**

A Contractor that is responsible for the provision of covered, medically necessary AHCCCS services for foster children in Arizona. Refer to A.R.S. §8-512.

**CORRECTIVE ACTION
PLAN (CAP)**

A written plan that identifies the root cause(s) of a deficiency, includes goals and objectives, actions/ tasks to be taken to facilitate an expedient return to compliance, methodologies to be used to accomplish CAP goals and objectives, and staff responsible to carry out the CAP within established timelines. CAPs are generally used to improve performance of the Contractor and/or its providers, to enhance Quality Management/Process Improvement activities and the outcomes of the activities, or to resolve a deficiency.

**EARLY AND PERIODIC
SCREENING, DIAGNOSIS
AND TREATMENT
(EPSDT)**

A comprehensive child health program of prevention, treatment, correction, and improvement of physical and behavioral health conditions for AHCCCS members under the age of 21. The purpose of EPSDT is to ensure the availability and accessibility of health care resources as well as to assist Medicaid recipients in effectively utilizing these resources. EPSDT services provide comprehensive health care through primary prevention, early intervention, diagnosis, medically necessary treatment, and follow-up care of physical, behavioral health conditions for AHCCCS members less than 21 years of age. EPSDT services include screening services, vision services, dental services, hearing services and all other medically necessary mandatory and optional services listed in Federal Law 42 U.S.C. 1396 d (a) to correct or ameliorate defects and physical and mental illnesses and conditions identified in an EPSDT screening whether or not the services are covered under the AHCCCS State Plan. Limitations and exclusions, other than the requirement for medical necessity and cost effectiveness, do not apply to EPSDT services.

GRANTS	A sum of money given by an organization or government for a particular purpose. Specific criteria must be followed to ensure funding.
GRIEVANCE GUIDE	A guide that provides instructions to the Contractors on how to complete the Grievance System Report for submission to and review by the Division of Health Care Management (DHCM), as required by contract.
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)	The Health Insurance Portability and Accountability Act (P.L. 104-191); also known as the Kennedy-Kassebaum Act, signed August 21, 1996 as amended and as reflected in the implementing regulations at 45 CFR 160, 162, and 164.
KIDSCARE	Federal and State Children's Health Insurance Program (Title XXI – CHIP) administered by AHCCCS. The KidsCare program offers comprehensive medical, preventive, treatment services, and behavioral health care services statewide to eligible children under the age of 19, in households with income at or below 133% and 200% of the Federal Poverty Level (FPL).
MANAGED CARE ORGANIZATION (MCO)	A health care delivery system consisting of affiliated and/or owned hospitals, physicians and others which provide a wide range of coordinated health services; an umbrella term for health plans that provide health care in return for a predetermined monthly fee and coordinate care through a defined network of physicians and hospitals.
OFFICE OF HUMAN RIGHTS	Established within AHCCCS and is responsible for the hiring, training, supervision, and coordination of human rights advocates. Human rights advocates assist and advocate on behalf of members determined to have a serious mental illness in resolving appeals and grievances. Advocates coordinate and assist Human Rights Committees in performing their duties.
PROVIDER AFFILIATION TRANSMISSION (PAT) USER MANUAL	Every quarter the Contractors are required to submit information about each individual provider within their network as specified in Contract. Each Contractor is responsible for submitting true and valid information.
PREPAID MEDICAL MANAGEMENT INFORMATION SYSTEM (PMMIS)	An integrated information infrastructure that supports AHCCCS operations, administrative activities and reporting requirements.

PRIMARY CARE PROVIDER (PCP)	An individual who meets the requirements of A.R.S. §36-2901, and who is responsible for the management of the member's health care. A PCP may be a physician defined as a person licensed as an allopathic or osteopathic physician according to A.R.S. Title 32, Chapter 13 or Chapter 17, or a practitioner defined as a physician assistant licensed under A.R.S. Title 32, Chapter 25, or a certified nurse practitioner licensed under A.R.S. Title 32, Chapter 15. The PCP must be an individual, not a group or association of persons, such as a clinic.
REGIONAL BEHAVIORAL HEALTH AUTHORITY (RBHA)	A contracted Managed Care Organization (also known as a health plan) responsible for the provision of comprehensive behavioral health services to all eligible persons assigned by the administration and provision of comprehensive physical health services to eligible persons with a Serious Mental Illness enrolled by the Administration.
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)	State Children's Health Insurance Program under Title XXI of the Social Security Act (Also known as CHIP). The Arizona version of CHIP is referred to as "KidsCare." See also "KIDSCARE."
SUBCONTRACTOR	<ol style="list-style-type: none">1. A provider of health care who agrees to furnish covered services to members.2. A person, agency or organization with which the Contractor has contracted or delegated some of its management/administrative functions or responsibilities.3. A person, agency or organization with which a fiscal agent has entered into a contract, agreement, purchase order or lease (or leases of real property) to obtain space, supplies equipment or services provided under the AHCCCS agreement.

TITLE XIX

Known as Medicaid, Title XIX of the Social Security Act provides for Federal grants to the states for medical assistance programs. Title XIX enables states to furnish medical assistance to those who have insufficient income and resources to meet the costs of necessary medical services, rehabilitation and other services, to help those families and individuals become or remain independent and able to care for themselves. Title XIX members include but are not limited to those eligible under Section 1931 of the Social Security Act, Supplemental Security Income (SSI), SSI-related groups, Medicare cost sharing groups, Breast and Cervical Cancer Treatment Program and Freedom to Work Program. Which include those populations 42 U.S.C. 1396 a (a)(10)(A).

TITLE XXI

Title XXI of the Social Security Act provides funds to states to enable them to initiate and expand the provision of child health assistance to uninsured, low income children in an effective and efficient manner that is coordinated with other sources of child health benefits coverage.

III.POLICY**A. SYSTEM VALUES AND GUIDING PRINCIPLES**

The Contractor shall administer and ensure delivery of services consistent with the following values, principles, and goals:

1. Timely access to care,
2. Culturally competent and linguistically appropriate care,
3. Identification of the need for and the provision of comprehensive care coordination for physical and behavioral health service delivery,
4. Integration of clinical and non-clinical health care related services,
5. Education and guidance to providers on service integration and care coordination,
6. Provision of chronic disease management including self-management support,
7. Provision of preventive and health promotion and wellness services,
8. Adherence with the Adult Behavioral Health Service Delivery System-Nine Guiding Principles, and the Arizona Vision and Twelve Principles for Children Behavioral Health Service Delivery,

10. Promotion of evidence-based practices through innovation,
11. Expectation for continuous quality improvement,
12. Improvement of health outcomes,
13. Containment and/or reduction of health care costs without compromising quality,
14. Engagement of member and family members at all system levels,
15. Collaboration with the greater community,
16. Maintains, rather than delegates, key operational functions to ensure integrated service delivery,
17. Embraces system transformation, and
18. Implementation of health information technology to link services and facilitate improved communication between treating professionals, and between the health team, the member, and member caregivers.

➤ **Adult System of Care - Nine Guiding Principles**

The following principles were developed to promote recovery in the adult behavioral health system. System development efforts, programs, service provision, and stakeholder collaboration shall be guided by these Nine Guiding Principles:

1. Respect

Respect is the cornerstone. Meet the person where they are without judgment, with great patience and compassion.

2. Persons In Recovery Choose Services And Are Included In Program Decisions And Program Development Efforts

A person in recovery has choice and a voice. Their self-determination in driving services, program decisions, and program development is made possible, in part, by the ongoing dynamics of education, discussion, and evaluation, thus creating the “informed consumer” and the broadest possible palette from which choice is made. Persons in recovery should be involved at every level of the system, from administration to service delivery.

3. Focus On Individual As A Whole Person, While Including And/or Developing Natural Supports

A person in recovery is held as nothing less than a whole being: capable, competent, and respected for their opinions and choices. As such, focus is given to empowering the greatest possible autonomy and the most natural and well-rounded lifestyle. This includes access to and involvement in the natural supports and social systems customary to an individual's social community.

4. Empower Individuals Taking Steps Towards Independence And Allowing Risk Taking Without Fear Of Failure

A person in recovery finds independence through exploration, experimentation, evaluation, contemplation, and action. An atmosphere is maintained whereby steps toward independence are encouraged and reinforced in a setting where both security and risk are valued as ingredients promoting growth.

5. Integration, Collaboration, And Participation With The Community Of One's Choice

A person in recovery is a valued, contributing member of society and, as such, is deserving of and beneficial to the community. Such integration and participation underscores one's role as a vital part of the community, the community dynamic being inextricable from the human experience. Community service and volunteerism is valued.

6. Partnership Between Individuals, Staff, And Family Members/Natural Supports For Shared Decision Making With A Foundation Of Trust

A person in recovery, as with any member of a society, finds strength and support through partnerships. Compassion-based alliances with a focus on recovery optimization bolster self-confidence, expand understanding in all participants, and lead to the creation of optimum protocols and outcomes.

7. Persons In Recovery Define Their Own Success

A person in recovery -- by their own declaration -- discovers success, in part, by quality of life community, and greater self-determination. Persons in recovery are the experts on themselves, defining their own goals and desired outcomes.

8. Strengths-Based, Flexible, Responsive Services Reflective Of An Individual's Cultural Preferences

A person in recovery can expect and deserves flexible, timely, and responsive services that are accessible, available, reliable, accountable, and sensitive to cultural values and mores. A person in recovery is the source of his/her own strength and resiliency. Those who serve as supports and facilitators identify, explore, and serve to optimize demonstrated strengths in the individual as tools for generating greater autonomy and effectiveness in life.

9. Hope Is The Foundation For The Journey Towards Recovery

A person in recovery has the capacity for hope and thrives best in associations that foster hope. Through hope, a future of possibility enriches the life experience and creates the environment for uncommon and unexpected positive outcomes to be made real. A person in recovery is held as boundless in potential and possibility.

➤ Children's System of Care – Vision and Guiding Principles

Service delivery shall incorporate the Arizona Model in all aspects of service delivery to children and families at all levels of need/acuity as well as children with complex needs or who are determined to have an Serious Emotional Disturbance (SED).

Arizona Vision

In collaboration with the child and family and others, Arizona will provide accessible behavioral health services designed to aid children to achieve success in school, live with their families, avoid delinquency, and become stable and productive adults. Services will be tailored to the child and family and provided in the most appropriate setting, in a timely fashion and in accordance with best practices, while respecting the child's family's cultural heritage.

12 Principles

1. Collaboration with the Child and Family

Respect for and active collaboration with the child and parents is the cornerstone to achieving positive behavioral health outcomes. Parents and children are treated as partners in the assessment process, and the planning, delivery, and evaluation of behavioral health services, and their preferences are taken seriously.

2. Functional Outcomes

Behavioral health services are designed and implemented to aid children to achieve success in school, live with their families, avoid delinquency, and become stable and productive adults. Implementation of the behavioral health services plan stabilizes the child's condition and minimizes safety risks.

3. Collaboration with Others

When children have multi-agency, multi-system involvement, a joint assessment is developed and a jointly established behavioral health services plan is collaboratively implemented. Client centered teams plan and deliver services. Each child's team includes the child and parents and any foster parents, any individual important in the child's life who is invited to participate by the child or parents. The team also includes all other persons needed to develop an effective plan, including, as appropriate, the child's teacher, DCS and/or DDD caseworker, and the child's probation officer. The team (a) develops a common assessment of the child's and family's strengths and needs, (b) develops an individualized service plan, (c) monitors implementation of the plan, and (d) makes adjustments in the plan if it is not succeeding.

4. Accessible Services

Children have access to a comprehensive array of behavioral health services, sufficient to ensure that they receive the treatment they need. Plans identify transportation the parents and child need to access behavioral health services, and how transportation assistance will be provided. Behavioral health services are adapted or created when they are needed but not available.

5. Best Practices

Competent individuals who are adequately trained and supervised provide behavioral health services. They are delivered in accordance with guidelines adopted by ADHS that incorporate evidence-based "best practice." Behavioral health service plans identify and appropriately address behavioral symptoms that are reactions to death of a family member, abuse or neglect, learning disorders, and other similar traumatic or frightening circumstances, substance abuse problems, the specialized behavioral health needs of children who are developmentally disabled, maladaptive sexual behavior, including abusive conduct and risky behavior, and the need for stability and the need to promote permanency in class member's lives, especially class members in foster care. Behavioral Health Services are continuously evaluated and modified if ineffective in achieving desired outcomes.

6. Most Appropriate Setting

Children are provided behavioral health services in their home and community to the extent possible. Behavioral health services are provided in the most integrated setting appropriate to the child's needs. When provided in a residential setting, the setting is the most integrated and most home-like setting that is appropriate to the child's need.

7. Timeliness

Children identified as needing behavioral health services are assessed and served promptly.

8. Services Tailored to the Child and Family

The unique strengths and needs of children and their families dictate the type, mix, and intensity of behavioral health services provided. Parents and children are encouraged and assisted to articulate their own strengths and needs, the goals they are seeking, and what services they think are required to meet these goals.

9. Stability

Behavioral health service plans strive to minimize multiple placements. Service plans identify whether a class member is at risk of experiencing a placement disruption and, if so, identify the steps to be taken to minimize or eliminate the risk. Behavioral health service plans anticipate crises that might develop and include specific strategies and services that will be employed if a crisis develops. In responding to crises, the behavioral health system uses all appropriate behavioral health services to help the child remain at home, minimize placement disruptions, and avoid the inappropriate use of the police and criminal justice system. Behavioral health service plans anticipate and appropriately plan for transitions in children's lives, including transitions to new schools and new placements, and transitions to adult services.

10. Respect for the Child and Family's Unique Cultural Heritage

Behavioral health services are provided in a manner that respects the cultural tradition and heritage of the child and family. Services are provided in Spanish to children and parents whose primary language is Spanish.

11. Independence

Behavioral health services include support and training for parents in meeting their child's behavioral health needs, and support and training for children in self-management. Behavioral health service plans identify parents' and children's need for training and support to participate as partners in assessment process, and in the planning, delivery, and evaluation of services, and provide that such training and support, including transportation assistance, advance discussions, and help with understanding written materials, will be made available.

12. Connection to natural supports

The behavioral health system identifies and appropriately utilizes natural supports available from the child and parents' own network of associates, including friends and neighbors, and from community organizations, including service and religious organizations.

B. MANUAL CONTENT

The ACOM consists of four chapters, identified below. Each Chapter contains individual Policies and corresponding Policy Attachment(s). The Policy Attachments are considered Policy requirements and are provided in the appropriate format (e.g. Microsoft Word, Microsoft Excel, etc.) as necessary for ease of use.

CHAPTER 100 ADMINISTRATION	Contains the Manual Overview and policies pertaining to business plan and organization.
CHAPTER 200 CLAIMS	Contains policies pertaining to claim adjudication and reimbursement.
CHAPTER 300 FINANCIAL	Contains policies pertaining to financial information or data, including reconciliation and reporting.
CHAPTER 400 OPERATIONS	Contains policies pertaining to Contractor operations such as; member information, coordination of care, and network management.

The Contractor is responsible for complying with the requirements set forth within the ACOM and is responsible for ensuring that its subcontractors are notified when modifications are made to the ACOM. Upon adoption by AHCCCS, updates to the ACOM are made available and distributed via Constant Contact on the AHCCCS website as described below.

C. THE DIVISION OF HEALTH CARE MANAGEMENT (DHCM)

DHCM, in conjunction with other divisions within AHCCCS, is responsible for the formulation of ACOM Policies. New or revised Policies can stem from a variety of sources including, but not limited to:

1. Federal or state legislation.
2. Contractual requirements.
3. Internal operational changes.
4. Arizona State Plan or 1115 Waiver.
5. Requests for written guidelines in a particular area.

In addition, the ACOM maintains a consistent, uniform approach to ensure:

1. Regular review.
2. Timely communication of updates.
3. Reduction of duplication and inconsistencies.

Policy modifications are assessed for a financial impact and the need for input/comments from external parties (e.g. health plans, state agencies, stakeholders, CMS).

D. AHCCCS POLICY COMMITTEE

The AHCCCS Policy Committee (APC) is comprised of AHCCCS management, subject matter experts, and stakeholder representation including member advocates and Tribal representatives.

APC reviews and approves new policies and substantive modifications to existing policies within the ACOM and the AMPM. APC determines if the proposed policy changes require Tribal Consultation Notification/Public Comment prior to final publication.

E. TRIBAL CONSULTATION NOTIFICATION/PUBLIC COMMENT

Upon APC approval, Policies and corresponding Attachments/Exhibits are made available on the AHCCCS Website within the Tribal Consultation Notification/Public Comment site. This page allows Tribal members, stakeholders, Contractors, and the general public, to review and submit comments regarding the proposed changes. The comment period is available for 45 days; however, in certain circumstances Executive

Management may approve an expedited comment period of two weeks. All documents shall have the final date for Tribal Consultation Notification/Public Comment written on each document. Comments shall be limited only to those policies that are currently open and listed on the Tribal Consultation Notification/Public Comment site.

When the comment period has concluded, the Policies are removed from the site. AHCCCS will review all comments submitted; however, will not be responding to any submissions.

F. CONSTANT CONTACT

AHCCCS maintains a Constant Contact distribution list to communicate when policies are available for Tribal Consultation Notification/Public Comment (TCN/PC) and/or published to the web. To receive these notifications stakeholders are encouraged to subscribe to Constant Contact, located on the AHCCCS website (www.azahcccs.gov/shared/ACOM, select 'Sign up for Notifications' at the top of the page) or on the TCN/PC WordPress site (comments.azahcccs.gov, select 'ACOM', and then select 'Sign Up for Notifications' at the top of the page) to receive timely notifications.

G. PUBLISHED POLICIES

At the conclusion of the Tribal Consultation Notification/Public Comment period, policies are finalized and published to the AHCCCS website. A corresponding ACOM Revision Memo is developed for each Policy publication and is provided on the AHCCCS ACOM web page. An overview of the Policy revisions is provided within the corresponding Revision Memo.

H. OTHER AHCCCS GUIDES AND MANUALS

The ACOM frequently provides reference to other AHCCCS manuals and legal references or documents which provide more detailed information and can be found on the AHCCCS Website.